

**State of Maine
Board of Licensure in Medicine
137 State House Station, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of May 11, 2010
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**State of Maine
Board of Licensure in Medicine
137 State House Station, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of May 11, 2010**

BOARD MEMBERS PRESENT

Sheridan R. Oldham, M.D.
Gary R. Hatfield, M.D., Board Secretary
George K. Dreher, M.D.
David H. Dumont, M.D.
Maroulla Gleaton, M.D.
Bettsanne Holmes
David D. Jones, M.D.
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D.
Dan Sprague, Assistant Executive Director
Jean M. Greenwood, Board Coordinator
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective Peter Lizanecz

Ms. Clukey was excused.

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential 1 M.R.S. §405, 10 M.R.S. §8003-B, 22 M.R.S. § 1711-C, and 24 M.R.S. § 2510. The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by POWERPoint projection.

PUBLIC SESSIONS

9:04 a.m. – 9:01 a.m.
10:58 a.m. – 11:00 a.m.
11:08 a.m. – 11:09 a.m.
11:45 a.m. – 11:47 a.m.
12:18 p.m. – 12:19 p.m.
1:11 p.m. – 1:12 p.m.
1:50 p.m. - 1:51p.m.
2:09 p.m. – 2:30 p.m.
2:38 p.m. – 3:17 p.m.
3:26 p.m. – 4:27 p.m.

PURPOSE

Call to order.
Public Session
Public Session
Informal Conference Motion
Public Session
Public Session
Public Session
Public Session
Motions & Public Business
Public Session and Adjournment

EXECUTIVE SESSION

9:01 a.m. – 10:58 a.m.
11:09 a.m. – 11:45 a.m.
11:47 a.m. – 12:18 p.m.
1:12 p.m. – 1:50 p.m.
2:30 p.m. – 2:38 p.m.

Progress Reports & New Complaints
Informal Conference
New Complaints & A&Ds.
Informal Conferences
Progress Report

RECESS

11:00 a.m. – 11:08 a.m.

Recess

12:19 p.m. – 1:11 p.m.	Noon Recess
1:51 p.m. – 2:09 p.m.	Recess
3:17 p.m. – 3:26 p.m.	Recess

I. CALL TO ORDER

Dr. Oldham called the meeting to order at 9:00 a.m.

A. AMENDMENTS TO AGENDA

1. Amend off Section III New Complaints (25) CR 10-041.
2. Amend off Section IV Assessment & Direction (37) AD 10-187.
3. Amend to Section III New Complaints CR 10-208.

B. SCHEDULED AGENDA ITEMS

11:00 a.m. Informal Conference CR 08-421
1:00 p.m. Informal Conference CR 09-468
1:00 p.m. Informal Conference CR 09-442

EXECUTIVE SESSION

II. PROGRESS REPORTS

1. CR 09-127

Dr. Hatfield moved to investigate further CR 09-127. Dr. Gleaton seconded the motion, which passed unanimously.

2. CR 09-456 ALICE ANDROKITES, M.D.

Ms. Holmes moved to close the complaint in the matter of CR 09-456 Alice Androkites, M.D. by accepting her offer to withdraw her license from registration, while under investigation, which will be reported to the national databanks. Dr. Dreher seconded the motion, which passed unanimously.

3. CR 09-300

Dr. Dreher moved to investigate further CR 09-300 and to place the previously ordered 3286 examination on hold. Dr. Gleaton seconded the motion, which passed unanimously.

4. COMPLAINT STATUS REPORT (FYI)

5. REVIEW DRAFT LETTERS OF GUIDANCE

A. CR 09-102 BEDILU WOLDAREGAY, M.D.

Dr. Dumont moved to approve the letter of guidance in the matter of Bedilu Woldaregay, M.D., as amended. Dr. Gleaton seconded the motion, which passed unanimously.

B. CR 10-040 EDWIN G. AVERY, M.D.

Dr. Nyberg moved to approve the letter of guidance in the matter of Edwin G. Avery, M.D., as amended. Dr. Dreher seconded the motion, which passed unanimously.

C. CR 10-007 LUANNA L. BEAUCHAMP, M.D.

Dr. Dumont moved to approve the letter of guidance in the matter of Luanna L. Beauchamp, M.D. Dr. Jones seconded the motion, which passed unanimously.

D. CR 10-048 ROLAND H. KNAUSEBERGER, M.D.

Dr. Hatfield moved to approve the letter of guidance in the matter of Roland H. Knauseberger, M.D., as amended. Dr. Dumont seconded the motion, which passed unanimously.

E. CR 09-543 GLENN S. RAMPE, M.D.

Dr. Hatfield moved to approve the letter of guidance in the matter of Glenn S. Rampe, M.D. Dr. Dumont seconded the motion, which passed unanimously.

F. CR 10-090 STEPHEN H. NIGHTINGALE, M.D.

Dr. Gleaton moved to approve the letter of guidance in the matter of Stephen H. Nightingale, M.D. Dr. Jones seconded the motion, which passed unanimously.

G. CR 09-296 ROBERT T. LAFARGUE, M.D.

Dr. Gleaton moved to approve the letter of guidance in the matter of Robert T. Lafargue, M.D., as amended. Dr. Jones seconded the motion, which passed unanimously.

6. CONSUMER ASSISTANT FEEDBACK (FYI)

III. NEW COMPLAINTS

7. CR 09-568

Dr. Dumont moved to dismiss CR 09-568. Dr. Hatfield seconded the motion, which passed unanimously.

This case involves a very complicated patient with multiple mental health and medical problems who was at times on dozens of medications. She was also followed by several other specialists

who left most of the medication prescribing to the referenced physician. The patient complains that the physician did not refill prescriptions in a timely fashion and often did not return her phone calls and hence was uncaring towards her.

Review of extensive records shows that this was a very difficult situation but that the physician and his staff made a good faith effort to meet this patient's various needs. Unfortunately, delays were often encountered but this was usually because of the need for "prior authorizations." The office also made efforts to return calls in a reasonable time period but was often overwhelmed by multiple calls from the patient and her care advocate. The medical care of this patient appears to be thorough, caring, and appropriate. It does appear that despite their best efforts, the physician and his office staff simply could not keep up with the various needs and demands placed on them by this patient.

8. CR 10-039

Dr. Gleaton moved to accept the doctor's offer to have his license placed in "inactive status" as resolution of this complaint. Dr. Jones seconded the motion, which passed unanimously.

9. CR 10-046

Dr. Hatfield moved to dismiss CR 10-046. Ms. Holmes seconded the motion, which passed unanimously.

The patient complains that her knee injury was not thoroughly evaluated by the physician, and that inappropriate surgery was performed. A review of the records shows that the patient continues to have difficulty with her knee, but that the evaluation performed and the surgery done were appropriate.

10. CR 10-047

Dr. Hatfield moved to dismiss CR 10-047. Dr. Gleaton seconded the motion, which passed unanimously.

The patient complains that the physician stated that there was nothing wrong with her knee, despite her ongoing pain. She feels that appropriate studies were not done, and that the surgery performed missed abnormalities later found on an MRI. A review of the records shows appropriate evaluation and treatment. The physician states in his notes that he did not know why the patient was having pain, but there is no evidence that he felt she was not having pain.

11. CR 10-049

Dr. Gleaton moved to investigate further CR 10-049. Dr. Jones seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

12. CR 10-050

Dr. Gleaton moved to dismiss CR 10-050. Dr. Dumont seconded the motion, which passed unanimously.

In this case, the complainant alleges the physician and a member of his staff were insensitive and rude during an exam of his daughter, that they were made to wait and that the exam took no more than 5 minutes. The physician explained the details of an initial evaluation and apologized for running late. The complainant's comments regarding the staff member were shared with her and her supervisor.

13. CR 10-051

Dr. Dreher moved to order an Informal Conference before the entire Board in the matter of CR 10-051. Dr. Jones seconded the motion, which passed 7-0-0-1 with Dr. Nyberg recused.

14. CR 10-054

Dr. Nyberg moved to dismiss CR 10-054. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

In this case, the patient complains the physician did not renew her medications after she had requested a transfer of her medical records, and does not have a handicapped ramp. The record indicates the request for medication refills was received several months after the request for transfer of care. The physician explained how individuals with limited mobility obtain access to his office.

15. CR 10-063

Dr. Jones moved to investigate further CR 10-063. Dr. Hatfield seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

16. CR 10-064

Dr. Jones moved to dismiss CR 10-064. Dr. Nyberg seconded the motion, which passed unanimously.

The complaint alleges that the physician provided incompetent care by referring her to rehabilitation for her injuries. The physician responded by asserting that his care of the patient was appropriate under the circumstances, and that the patient failed to comply with the prescribed physical therapies. A review of the record corroborates the physician's response.

17. CR 10-071

Dr. Dumont moved to dismiss CR 10-071. Dr. Gleaton seconded the motion, which passed unanimously.

The physician's patient of some 16 years complains that 1) he lied to her about results of a colonoscopy exam; 2) he misled her insurance company; and 3) he is not really concerned about her health. The colonoscopy results are clear and properly reported. The fact that another colonoscopy, done a year later, at another institution, showed improvement is a sign of a good response to appropriate medical treatment, rather than a "lie" about previous results. The records do not support the allegation of an attempt to mislead the insurance company, nor do they suggest any lack of concern about the patient's extensive, on-going care over 16 years.

18. CR 10-077

Ms. Holmes moved to dismiss CR 10-077. Dr. Gleaton seconded the motion, which passed unanimously.

In this case, the patient complains the physician forcibly administered a medication to which she was allergic. The physician supplied documentation that while he was the doctor of record and had discharged the patient, he was not on duty when the medication was administered.

19. CR 10-079

Dr. Nyberg moved to dismiss CR 10-079. Dr. Gleaton seconded the motion, which passed unanimously.

The mother of a 31 year old female patient complains that the physician acted (spoke) inappropriately during an office visit. The physician noted that the mother did not attend the appointment while responding to the Board that the patient misunderstood the point of his remarks about her health conditions and what she might most productively do about them herself, with his assistance. This appears to be an inadvertent miscommunication, or misunderstanding on a somewhat sensitive subject.

20. CR 09-512

Dr. Dumont moved to dismiss CR 09-512. Dr. Hatfield seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

This case involves a 28 year old mentally retarded male, who was his own guardian, with multiple medical issues including recurrent bowel problems. The father alleges that when the patient developed a small bowel obstruction that failed to improve with conservative treatment his son should not have undergone surgery without more involvement by the family. In particular, the father wanted to discuss the case with the surgeon but unfortunately this did not occur. A surgical resident discussed the case with the father who told the surgical resident that the patient signs his own consents. There was apparent confusion by the father on the role of the resident. There is, however, good documentation in the chart that the patient did sign all of his own consents and that the father agreed with this. There is no clear evidence that the surgeon understood the complex issues of dealing with the patient's limited intelligence, or that beyond using the residents she made a concerted effort to adequately inform the family of the medical situation. Nonetheless, the patient was not improving and the decision to do surgery appears to

have been appropriate and was appropriately consented to by the patient. The operative procedure went well but unfortunately the patient developed a pulmonary embolus post-operatively and succumbed.

Communication issues were strained because of the patient's mental retardation, lack of local family and the complexities of dealing with a large surgical service and surgical residents. It appears the surgeon and her team made appropriate medical decisions and attempted to keep the family informed although it is very unfortunate that the attending physician did not personally contact the father as requested.

21. CR 09-541

Dr. Dreher moved to dismiss CR 09-541. Dr. Jones seconded the motion, which passed unanimously.

This patient felt the physician was deliberately mis-documenting his visits in order to discredit him and to change his diagnosis and treatment plan.

A review of the records shows that prior providers had similar concerns regarding the patient's diagnosis and treatment plan, difficulties in obtaining a clear history, and information indicating misuse of controlled substances. The records document the physician's thoughtful process in trying to sort out the patient's complex history and presentation while seeking better options for treatment.

The practice has offered the patient the option of adding an addendum to record the patient's view but rightly indicates a signed medical record itself cannot be changed.

22. CR 10-010 CHARLES C. SMITH, M.D.

Ms. Holmes moved to dismiss, with a letter of guidance, CR 10-010 Charles C. Smith, M.D. Dr. Hatfield seconded the motion, which passed unanimously.

The patient complained the doctor failed to provide a copy of his medical records. The patient contacted Board staff as he was not able to obtain the records using the process the doctor provided. The Board staff offered to obtain the records and get them to the patient. The letter of guidance should address inappropriate delays when providing copies of medical records to patients.

23. CR 10-041- (AMENDED OFF AGENDA)

24. CR 10-065

Dr. Jones moved to dismiss CR 10-065. Dr. Gleaton seconded the motion, which passed unanimously.

In this case, the patient complains that a recommendation for additional treatment, specifically a cortisone injection to his thumb, was not ordered upon his transfer to another facility. He also complains there was a discrepancy between the physician's evaluation of his thumb and that of the therapist at the new facility. The physician explains there was a misunderstanding. The cortisone injection was discussed as a possibility should his thumb not improve; however, therapy notes at the time of discharge indicate he was pain free.

25. CR 10-081

Dr. Gleaton moved to dismiss CR 10-081. Ms. Holmes seconded the motion, which passed unanimously.

The complainant states that the physician in this case did surgery on her despite the fact that he is not a surgeon, and tried to trick her into believing that he was her physician. The records support the physician's statement that he was not involved in any way with the complainant's hospital care. The physician is not a surgeon, and would not be allowed to operate in the hospital.

26. CR 10-086

Dr. Dumont moved to dismiss CR 10-086. Dr. Jones seconded the motion, which passed unanimously.

The patient complains that the physician changed his pain medication and it is no longer effective. The physician did change the medication when the patient entered an institution where, for several good reasons, a Duragesic Patch for delivering Fentanyl would not be safe, and where oral alternatives are available. The physician has worked diligently to create a safe and sensible medication regimen, including a referral for a pain management consult.

27. CR 10-093

Dr. Gleaton moved to dismiss CR 10-093. Dr. Hatfield seconded the motion, which passed unanimously.

The complaint alleges that the physician failed to provide her minor daughter with non-emergent medical care following the termination of the physician-patient relationship and the transfer of her medical records to another medical office. The complainant alleges that the physician was required to provide non-emergent medical care for her daughter for thirty days following the termination of the physician-patient relationship. The physician indicated that on January 11, 2010 the complainant requested transfer of her daughter's medical records to another medical practice. According to the physician, the medical records were transferred to the new medical practice on January 28, 2010, and that on February 2, 2010, the complainant called requesting a non-emergent medical appointment for her daughter, which was declined. A review of the records supports the physician's response and decision to decline to provide non-emergent medical care as the physician-patient relationship had ended and a new physician-patient relationship had been initiated and the patient's medical records transferred. No specific

timeframe for providing continuing, non-emergent, medical care is provided in law or the AMA Code of Medical Ethics as alleged by the complainant.

28. CR 10-094

Dr. Hatfield moved to dismiss CR 10-094. Dr. Dumont seconded the motion, which passed unanimously.

In this case, the patient complains the physician was indifferent to his complaints of pain, refused to order special footwear, and refused to order physical therapy. The physician responds that the complaints were taken seriously and appropriate medical evaluation was undertaken. This is corroborated by the medical record. The patient was referred for physical therapy.

29. CR 10-097

Dr. Dreher moved to dismiss CR 10-097. Dr. Jones seconded the motion, which passed unanimously.

The patient alleges the physician wrote a retaliatory note about him and allowed staff to harass and agitate him. The physician explains that the patient's behavior provoked a medical emergency and that a crisis averted through effective intervention. A review of the records supports the staff's response to the event.

30. CR 10-101

Dr. Hatfield moved to dismiss CR 10-101. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant feels that his physician inappropriately stopped prescribing narcotics to him, and that she yelled at him about an incorrect pill count. The complainant states the incorrect pill count was due to factors beyond his control. A review of the records shows documentation of the physician's investigation into these factors, and also shows a pain contract. The documentation supports the physician's decision to stop prescribing the narcotics. It is not possible to know if any yelling occurred.

31. CR 10-103

Dr. Gleaton moved to investigate further CR 10-103. Ms. Holmes seconded the motion, which passed unanimously.

32. CR 10-110

Dr. Oldham moved to dismiss CR 10-110. Dr. Dumont seconded the motion, which passed unanimously.

The patient alleges a radiologist was negligent in interpreting her mammograms. In October 2008, a new finding was seen on her screening mammogram. Appropriate follow-up studies were ordered and a recommendation was made to follow-up in six months. Six-month follow-ups were recommended through and including studies done in November of 2009. It was the opinion of the radiologist that the findings were probably benign, but that six-month follow up studies were necessary. The patient became uncomfortable with the recommendation, and, on her own initiative, sought consultation with a breast surgeon. The surgeon recommended a breast biopsy which showed a non-invasive cancer. The Board has reviewed the medial records and the mammograms. Although the recommendation for biopsy was obviously correct in retrospective review, the recommendation for six month follow-up imaging was not negligent.

33. CR 10-138

Dr. Hatfield moved to dismiss CR 10-138. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant is upset with the amount of time she waited for her initial appointment, the pain contract she needed to sign in order to refill her narcotic prescription, and the brevity of her initial appointment with this physician. She also feels that she was discharged from the practice inappropriately. A review of the records shows that it did take many weeks for the complainant to receive her initial appointment, but also shows that she was seen before that at her request for an acute problem. She was able to get a refill of her narcotic prescription before the initial appointment after signing a pain contract.

There is disagreement between the physician and the complainant about the time spent together at the initial appointment; the complainant feels she had other issues she wanted to discuss that were not addressed at that time. She wrote a letter to the physician soon after indicating that she would not be willing to comply with the terms of her pain contract; she also outlined multiple other complaints about the appointment and the practice.

The pain contract is a standard of medical care for patients with chronic narcotic usage, and based on the patient's letter it was appropriate for the physician to require the patient get her medical care elsewhere.

34. CR 10-208 MICHAEL J. GRIFFIN, M.D.

Dr. Gleaton moved to order an Adjudicatory Hearing in the matter of CR 10-208 Michael J. Griffin, M.D. Dr. Dumont seconded the motion which passed 7-0-0-1 with Dr. Oldham recused.

IV. ASSESSMENT & DIRECTION

35. AD 10-172

Dr. Dumont moved to table AD 10-172. Dr. Dreher seconded the motion which passed unanimously.

36. AD 10-183

Dr. Dreher moved to issue a complaint in the matter of AD 10-183 (CR 10-247). Ms. Holmes seconded the motion which passed unanimously.

37. AD 10-187 AMENDED OFF THE AGENDA

38. AD 10-194

Dr. Dumont moved to issue a complaint in the matter of AD 10-194 (CR 10-248). Dr. Dreher seconded the motion which passed unanimously.

39. AD 10-196

Dr. Gleaton moved to file AD 10-196. Dr. Jones seconded the motion, which passed 7-1.

V. INFORMAL CONFERENCE(S)

A. CR 08-421 PAUL J. BUCKLEY, M.D.

Dr. Jones moved to dismiss, with a letter of guidance, CR 08-421 in the matter of Paul J. Buckley, M.D. Dr. Nyberg seconded the motion, which passed unanimously.

The complaint focused on the care of an emergency room patient and the concern that her work up and diagnosis were not complete and her primary care physician was not properly informed or consulted. Her pain was also not noted or addressed well.

The Board recommends that Dr. Buckley continue to seek improvement in chart documentation, communication with patients while in the Emergency Room, and communication with the patient's attending. He is strongly urged to continue to seek improvement in clinical skills with ongoing training.

B. CR 09-468

Dr. Jones moved to table CR 09-468 pending further educational efforts on the part of the physician. Dr. Dumont seconded the motion, which passed unanimously.

C. CR 09-442 JOHN GAROFALO, M.D.

Dr. Hatfield moved to dismiss, with a letter of guidance, CR 09-442 in the matter of John Garofalo, M.D. Ms. Holmes seconded the motion, which passed 6-0-0-2 with Dr. Gleaton and Dr. Dumont recused.

In this case the complainant feels he was not properly evaluated and was misdiagnosed in an emergency room setting. The physician feels that an appropriate evaluation was done and the diagnosis made was reasonable. A review of the records shows poor documentation on the part

of the physician which makes it impossible to achieve a thorough understanding of his case management and thought process. After an informal conference it was felt that the diagnosis made was reasonable under the circumstances, although certain clinical clues were missed in this case. The letter of guidance will emphasize the need for good documentation, especially of his thought process.

NOON MEAL

PUBLIC SESSION

VI. MINUTES OF APRIL 13, 2010

Dr. Nyberg moved to approve the minutes. Dr. Gleaton seconded the motion, which passed 7-0-1 with Dr. Oldham abstaining.

VII. NEW BUSINESS (NONE)

VIII. BOARD ORDERS & CONSENT AGREEMENT MONITORING & AND APPROVAL (NONE)

IX. ADJUDICATORY HEARING (NONE)

X. REMARKS OF CHAIRMAN

A. REPORT FROM FSMB ANNUAL MEETING

Dr. Nyberg reported on his attendance as voting delegate at the FSMB Annual Meeting in Chicago.

B. MAINE MEDICAL ASSOCIATION PRACTICE SEMINAR

Dr. Oldham will present the Professionalism Document and Dr. Gleaton will present the Informed Consent Document at MMA's Practice Seminar next week.

C. NEJM INCREASING THE VALUE OF THE STATE MEDICAL LICENSE

Dr. Oldham distributed a New England Journal of Medicine article "Increasing the Value of the State Medical License" asking members to review the article for discussion in June.

XI. EXECUTIVE DIRECTOR'S MONTHLY REPORT

The Board accepted the report of the Executive Director.

A. COMPLAINT STATUS REPORT (FYI)

B. POLICY REVIEW – CERTIFICATION- FCVS (FYI)

C. PUBLIC ACCESS TO PA SCHEDULE II AUTHORITY

The Board will be migrating to a new database and a question has arisen about whether or not physician assistants who have schedule II authority should be visible in the new system or password protected as they are under the current system. The Board asked Dr. Jones to pose the question to the PA Advisory Committee and report their response back to the Board.

XII. MEDICAL DIRECTOR'S REPORT (NONE)XIII. REMARKS OF ASSISTANT ATTORNEY GENERALA. INITIAL COMPLAINT PRESENTATION INFORMATION

Mr. Smith presented an Initial Complaint Presentation script developed by the PFR division of the Attorney General's Office which is sought to be used by all boards within PFR and the Affiliate Boards. The Attorney General's Office is recommending that the Board adopt and implement the script. The Board was asked to review the document and propose any changes.

The Board referred the document to the Administration, Policy, and Rules Committee for consideration and recommendation.

XIII SECRETARY'S REPORTA. LIST A1. M.D. LIST A LICENSES FOR RATIFICATION

The following physician license applications have been approved Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Alvord, Lori A.	General Surgery	Biddeford
Benjamin, Myriam N. S.	Anesthesiology	Northern Maine Medical Ctr.
Cosma, Ioan M.	Internal Medicine	Greater Portland
Crosby, Douglas A.	Emergency Medicine	Aroostook, Presque Isle
Daoud, Said G.	OB/GYN	CMMC
Ecker, Robert D.	Neurosurgery	Portland
Ehrhard, Andrew V.	Emergency Medicine	Bangor
Farinholt, Heidi-Marie A.	Emergency Medicine / Pediatrics	Bangor
Frank, Steven E.	Critical Care Medicine	Not Listed
George, Elaina F.	Head & Neck Surgery	Telemedicine
Kleeman, Christopher S.	Gastroenterology	Mercy
Liess, Angela M.	Psychiatry	Portland
Maghuyop, Samuel	IM / Geriatric Medicine	Portland

Maresca, Glauco M.	Radiology	Ellsworth
McAllister, Brian G.	Anesthesiology	Portland
Mushtaq, Aamir	Family Practice	Augusta
Patel, Alpen R.	Internal Medicine	Waterville
Rosenthal, Martin S.	IM/Occupational Medicine	Penobscot, ME
Sauris, Edward	Emergency Medicine	DownEast Community Hosp.
Shulman, Richard S.	IM/Cardiovascular Disease	Waterville & Rumford

Dr. Jones moved to ratify the physician license applications on M.D. List A. Dr. Nyberg seconded the motion, which passed unanimously.

2. P.A. LIST A LICENSES FOR RATIFICATION

The following Physician Assistant license applications have been approved by Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>LICENSE</u>	<u>PSP</u>	<u>LOCATION</u>
Cianfarano, Robert	Active	Rhonda Krull, M.D.	Waterville
Pellin, David	Active	Lisa Nielson, M.D.	Patten
McMahon, Shawn	Inactive	None	None
Dobbs, Elizabeth	Active	John Garafalo, M.D.	North Anson

Dr. Gleaton moved to ratify the physician assistant license applications on P.A. List A. Dr. Dreher seconded the motion, which passed unanimously.

B. LIST B APPLICATIONS FOR INDIVIDUAL CONSIDERATION

1. DEBORAH L. AARON, M.D.

The Licensure Committee moved to preliminarily deny Dr. Aaron's license application, with leave to withdraw the application. The motion passed unanimously.

2. MAYBELLE S. WHU, M.D.

The Licensure Committee moved to approve the license application of Maybelle S. Whu, M.D. The motion passed unanimously.

C. LIST C APPLICATIONS FOR REINSTATEMENT

1. LIST C APPLICATIONS FOR REINSTATEMENT

The following license reinstatement application has been approved by Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>
Jalloul, Ahmad S.	Pulmonary / Critical Care

Dr. Gleaton moved to ratify the Board Secretary's approval of Ahmad S. Jalloul, M.D. for reinstatement. Dr. Dreher seconded the motion, which passed unanimously.

2. LIST C APPLICATIONS FOR REINSTATEMENT FOR INDIVIDUAL CONSIDERATION (NONE)

D. LIST D – WITHDRAWALS

1. LIST D – WITHDRAW LICENSE APPLICATION (NONE)

2. LIST D – WITHDRAW LICENSE FROM REGISTRATION

The following physicians and physician assistants have applied to withdraw their licenses from registration:

<u>NAME</u>	<u>LICENSE NUMBER</u>
Chai, Dou Kyung	007277
Fiore, Americo	005542
Fischer, Gerald J.	PA-834
Giebfried, Joseph	012086
Gilchrist, Mark	016915
Hamlin, Paul	005833
Ingles, Wendy	PA001086
James, Stephen	017905
Ku, Christine W.	014101
O'Shaughnessy, Nicholas	017715
Pasha, Muhammed	017066
Ryan, Jodi	PA-434
Salamon, Charbel	016585

Dr. Gleaton moved to approve the withdrawal applications of the physicians and physician assistants on List D. Dr. Nyberg seconded the motion, which passed unanimously.

3. LIST D – WITHDRAW LICENSE FROM REGISTRATION INDIVIDUAL CONSIDERATION (NONE)

E. LIST E LICENSES TO LAPSE BY OPERATION OF LAW (FYI)

The following physician licenses lapsed by operation of law effective April 16, 2010.

<u>NAME</u>	<u>LICENSE NO.</u>
Cherascu, Gabriela	016123
Corbett, Matthew	016451
Darlington, Brinton	004553

Doman, Florence.....	017998
Elrabie, Nazmi	009046
Fisher, Steven.....	011282
Herzig, Judith.....	016600
Khovidhunkit, Pakawadee	016532
Kim, Woojin	017592
Lathi, Devayani C.	006764
Leonidas, Leonardo	007119
Lowe, Eric.....	017541
Pantsari, Matthew	018029
Pasquale, David	017584
Son, Yung H.....	005372
Willson, Shawn.....	016223

F. LIST F LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS (NONE)

G. LIST G RENEWAL APPLICATIONS FOR REVIEW

1. JOHN JOSEPH, M.D.

The Licensure Committee moved to grant renewal to John Joseph, M.D. The motion passed 7-1.

2. GARY WEAVER, M.D.

The Licensure Committee moved to issue an Administrative License to Gary Weaver, M.D. The motion passed unanimously.

3. JAY NAILBOFF, M.D.

The Licensure Committee moved to grant renewal to Jay Nailboff, M.D. The motion passed unanimously.

4. JOHN S. TKACH, M.D.

The Licensure Committee moved to table the renewal application of John Tkach, M.D. The motion passed unanimously.

5. NEIL NEWTON, M.D.

The Licensure Committee moved to grant renewal to Neil Newton, M.D. The motion passed unanimously.

H. LIST H DELEGATED PRACTITIONER SCHEDULE II REQUESTS FOR RATIFICATION

The following renewal requests for Schedule II prescribing authority have been approved by the Board Secretary Gary R. Hatfield, M.D.

NAME	PSP	LOCATION
Nathan Haynes, PA-C	Paul Cain, M.D.	Auburn
Keiver Welch, PA-C	Garrett Martin, M.D.	Bangor
Joel Linn, PA-C	Felix Hernandez, M.D.	Bangor
Amy Bosinske, PA-C	G.F. Guernelli, M.D.	Lewiston
Elizabeth Mueller, PA-C	Joel Wirth, M.D.	South Portland
Jamie Bell, PA-C	Andrew Hertler, M.D.	Augusta
Mark Sullivan, PA-C	Robert Helm, M.D.	Portsmouth, NH
George Looser, PA-C	Donato Sisto, M.D.	Portsmouth, NH
Richard Buckberg, PA-C	Joel Botler, M.D.	Portland

Dr. Jones moved to ratify the Board Secretary's approval of Schedule II privileges for the physician assistants on List H. Ms. Holmes seconded the motion, which passed unanimously.

XIV. STANDING COMMITTEE REPORTS

A. ADMINISTRATION, POLICY & RULES COMMITTEE

The Board reviewed the third quarter financial statement.

B. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

1. P.A.-OWNED PRACTICE/DO BOARD CHAPTER 2 RULE

Dr. Dreher moved to direct the P.A. Advisory Committee to develop language to amend the Chapter 2 Rules to prohibit physician assistant owned practices from employing their supervisor. Dr. Gleaton seconded the motion, which passed unanimously.

2. SCHEDULE II PRESCRIBING

The P.A. Advisory Committee has recommended that on the Schedule II application the request be accepted, and authority be granted, for blanket Schedule II prescribing authority by category (Pain, ADHD/Psychiatric or both) – not to include Methadone – and without delineation of the number of prescriptions anticipated to be issued.

Dr. Dreher moved to accept the recommendation of the P.A. Advisory Committee. Dr. Nyberg seconded the motion, which passed unanimously.

3. HANDLER RESIGNATION FROM P.A. ADVISORY COMMITTEE (FYI)

XV. BOARD CORRESPONDENCE (FYI)

XVI. FYI

XVII. FSMB MATERIAL

XVIII. OTHER BUSINESS MMA REPORT / CHRONIC PAIN REPORT

Noel Genova, PA-C presented a report on the Maine Medical Association's Chronic Pain Project from July 2009 to the present. Ms. Genova reported in the past year she has visited approximately 25 practices, and spoken with and/or reviewed records of about 125 prescribers.

The major topics of discussion during consults have changed somewhat from year 1 to year 2 of the Project. Initially, clinicians and staff had many questions about treatment agreements, drug testing, recognition, and prevention of diversion, and documentation. Recognition of addiction was difficult for many clinicians, and there was great interest in assistance with assessment of patients for misuse of medications.

Ms. Genova will no longer be managing the project but MMA has a possible candidate to take her place.

MMA's contract with the Board for this project expires at the end of June 2010. MMA will bring a proposal for continuation of the contract to the June meeting.

XIX. ADJOURNMENT 4:27 p.m.

Dr. Gleaton moved to adjourn. Dr. Nyberg seconded the motion, which passed unanimously.

Respectfully submitted,



Jean M. Greenwood, Administrative Assistant
Board Coordinator
Maine Board of Licensure in Medicine